

Moody Associates new client program set up form. Fill out and fax to 1-877-753-4952

This information helps us provide you with quick delivery (and no backorders) and helps us provide the service you deserve. If you worked with us last year, we have this information and the form is not needed unless there are changes.

Organization Name \_\_\_\_\_

Group name (if separate from overall organization) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing City, State, Zip \_\_\_\_\_

Organization Physical (shipping) address \_\_\_\_\_

Shipping City, State, Zip \_\_\_\_\_

Organizational phone # \_\_\_\_\_

Organizational fax # \_\_\_\_\_

Organizational web site \_\_\_\_\_

Chairperson name \_\_\_\_\_

Chairperson work/day phone \_\_\_\_\_

Chairperson home phone \_\_\_\_\_

Chairperson cell phone \_\_\_\_\_

Chairperson email address \_\_\_\_\_

Fundraising company/rep used last year \_\_\_\_\_

Last year's retail amount \_\_\_\_\_

Type of products sold last year \_\_\_\_\_

For schoolwide sales:

School Principal's name \_\_\_\_\_

Principal's email \_\_\_\_\_

School secretary/bookkeeper name \_\_\_\_\_

Bookkeeper email \_\_\_\_\_

School enrollment \_\_\_\_\_

Grade levels \_\_\_\_\_

# of classrooms \_\_\_\_\_

For all sales:

First Choice brochure \_\_\_\_\_

Second or tag-along brochure \_\_\_\_\_

Type of prize program desired (if known) \_\_\_\_\_

Preferred program launch week \_\_\_\_\_

We will contact you about other details for your project once we receive this form.